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# Student Teaching Application

College of Education and Technology | Teacher Education Office  
ED 152 • Phone: 575.562.2895 • Fax: 575.562.4047



Complete and sign this application and attached the following: any test scores not already on file in the Teacher Education Office, a CAPP or degree evaluation signed by your advisor, and a resumé.

### Personal Information

Name: \_\_\_\_\_ Gender:  Male  Female  
(Include any previous names used.)

Student ID: \_\_\_\_\_ Student Status:  Full-time  Part-time

Current Mailing Address: \_\_\_\_\_  
Street City State ZIP

Permanent Mailing Address: \_\_\_\_\_  
Street City State ZIP

Current Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

ENMU Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### District Placement Preferences (Not Guaranteed)

First: \_\_\_\_\_ Second: \_\_\_\_\_

List family members who are employed by or attend school in the school district you are requesting and the school where they are located.

Family Member: \_\_\_\_\_ School: \_\_\_\_\_

Family Member: \_\_\_\_\_ School: \_\_\_\_\_

Family Member: \_\_\_\_\_ School: \_\_\_\_\_

### Undergraduate Program (Choose one area only.)

- Early Childhood Education (Certification:  Birth to Pre-K or  Pre-K to 3<sup>rd</sup>)
- Special Education/Elementary Education (Endorsement Area: \_\_\_\_\_)
- Secondary Education (Major: \_\_\_\_\_ Minor: \_\_\_\_\_)
- K-12 (Major: \_\_\_\_\_ Minor: \_\_\_\_\_)

### Graduate Alternative Licensure Program (Choose one area only.)

- Elementary  Special Education  Secondary Education

### Observations

List previous placement sites. If a public school, include the school name, grade level, and classroom teacher.

EDF 222: \_\_\_\_\_

BLED 350 or 334: \_\_\_\_\_

SPED 320/328: \_\_\_\_\_

RED 350 or 375: \_\_\_\_\_

ECE Practicum: \_\_\_\_\_

Elementary Methods: \_\_\_\_\_

Secondary Methods: \_\_\_\_\_

**Test Scores**

I have taken and passed the required sections of the test with the following scores:

**Essential Academic Skills Tests**

Subject Area	Score	Date Taken
I. Reading	_____	_____
II. Writing	_____	_____
III. Math	_____	_____

**Professional Knowledge:**     Early Childhood     Elementary Education     Secondary Education

**Score:** \_\_\_\_\_    **Date Taken:** \_\_\_\_\_

**Content Area:**

**Score:** \_\_\_\_\_    **Date Taken:** \_\_\_\_\_

- Elementary Education (Subtests I & II)
- Family and Consumer Science
- General Science
- Health
- English Language Arts
- Mathematics
- Music
- Physical Education
- Social Studies
- Spanish
- Special Education
- Other: \_\_\_\_\_

**NES Essential Components of Elementary Reading Instruction (SPED):**

**Score:** \_\_\_\_\_    **Date Taken:** \_\_\_\_\_

**Acknowledgements**

I verify all comments and responses on all forms contained in my application are true and accurate to the best of my knowledge.

**Acknowledge**     **Do Not Acknowledge**

I agree to allow the director and staff of Teacher Education to request academic and security clearances from appropriate agencies, and I agree to allow those agencies to share the results of background clearance.

**Acknowledge**     **Do Not Acknowledge**

The director of Teacher Education has my permission to request a confidential evaluation of my academic performance from my department record.

**Acknowledge**     **Do Not Acknowledge**

I understand this evaluation will be used to assess my capabilities and may affect my student teaching placement.

**Acknowledge**     **Do Not Acknowledge**

I have taken **and** passed **all** required tests.

**Acknowledge**     **Do Not Acknowledge**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_